	AVOID MULTIPLE COURT APPEARANCES
If you intend to plead <u>NOT</u> <u>GUILTY</u> to the ticket:	
1.	Complete this form and mail at least TEN (10) work days before the date set for your court appearance noted on the bottom half of the front side of this ticket (Court Place/Date section).
2.	Indicate what kind of trial you want—mark only one box, complete the address section below and follow the mailing instructions in number 3 below.
	I WISH TO PLEAD NOT GUILTY AND REQUEST: A. Trial by Judge B. Trial by Jury
	A new appearance date will be set and you will be notified of the time and date of trial. Do not come to the court until you are notified. When you are notified, you should come to court prepared for trial and bring any witnesses you may have.
	NAME
	MAILING ADDRESS
	CITY STATE ZIP
	TELEPHONE NUMBER
3.	Mail this form to the Clerk of the Court, Traffic Section, at the address noted in the "Court Place/Date" section on the bottom half of the front side of this ticket.
	DO NOT MAIL TO THE POLICE DEPARTMENT.
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GUILTY PLEA	
If you intend to plead <u>GUILTY</u> to the ticket and <u>No</u> Court Appearance is Required:	
1. Complete this form.	
2.	
	Fines and Costs The fine and costs where court appearances are <u>not required</u> are: (a) \$120.00 for all complaints, except (b) and (c) below; (b) \$60.00 for seat belt violations cited under 625 ILCS 5/12-603.1; (c) \$140.00 for speeding <u>more</u> than <u>20</u> mph but <u>not more</u> than <u>25</u> mph over the limit.
NOTE: Payment must be by cash, money order, certified check, bank draft, or traveler's check unless otherwise authorized by the clerk of the court. (DO NOT SEND CASH IN THE MAIL; use cash only if paying in person.)	
PLEA OF GUILTY AND WAIVER	
as Sta	I, the undersigned, do hereby plead guilty to the charge noted on the front side of this ticket. I derstand my right to a trial, that my signature to this plea of guilty will have the same force and effect a judgment of court and that this record will be sent to the Secretary of State of this State (or of the the where I received my license to drive). I hereby PLEAD GUILTY to the said offense on this ket, GIVE UP my right to trial, and agree to pay the penalty required.

DEFENDANTS SIGNATURE

MAILING ADDRESS

DATE

STREET